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NO. 6035 P. 1

ATTORNEYS AT LAW  
11250 EL CAMINO REAL, SUITE 200  
SAN DIEGO, CA 92130  
P.O. BOX 80278  
SAN DIEGO, CA 92138-0278  
TELEPHONE: 858.847.6700  
FACSIMILE: 858.792.6773  
WWW.FOLEY.COM

## FACSIMILE TRANSMISSION

**Total number of pages, including this cover sheet: 29 pages**

TO:	PHONE #:	FAX #:
Examiner Louis D. Lieto U.S. Patent and Trademark Office Art Unit 1632	(571) 272-2932	(571) 273-8300

From : Stacy L. Taylor  
Email Address : [staylor@foley.com](mailto:staylor@foley.com)  
Sender's Direct Dial : 858.847.6720  
Date : October 16, 2006  
Client/Matter No : 041673-2115

### MESSAGE:

U.S. Patent Application No. 10/748,337

Following is:

- 1) Amendment Transmittal (3 pgs.);
- 2) Credit Card Payment Form (1 pg.);
- 3) Terminal Disclaimer (3 pgs.);
- 4) Amendment and Reply Under 37 CFR 1.116 (15 pgs.) with a copy of PNAS 103(24): 9345-9350 (2006) (6 pgs.).

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PAGE 1/29 \* RCVD AT 10/16/2006 7:07:50 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/46 \* DNIS:2738300 \* CSID: \* DURATION (mm:ss):10:16

OCT 16 2006

Atty. Dkt. No. 041673-2115

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tuszynski, Mark H.

Title: METHODS FOR THERAPY OF  
NEURODEGENERATIVE  
DISEASE OF THE BRAIN

Appl. No.: 10/748,337

Filing Date: 12/29/2003

Examiner: Lieto, Louis D.

Art Unit: 1632

Confirmation 9488

Number:

**CERTIFICATE OF FACSIMILE TRANSMISSION**  
I hereby certify that this paper is being facsimile transmitted to the  
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*Rachel Caputo*  
(Printed Name)

*Rachel Caputo*  
(Signature)

10/16/06  
(Date of Deposit)

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

Assertion of Small Entity status is enclosed.

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Atty. Dkt. No. 041673-2115

[ X ] The fee required for additional claims is calculated below:

	Claims		Extra			Additional Claims Fee
	As Amended	Previously Paid For	Claims Present	Rate		
Total Claims:	14	-	20	=	0	x \$50.00 = \$0.00
Independent Claims:	1	-	3	=	0	x \$200.00 = \$0.00
First presentation of any Multiple Dependent Claims:				+	\$360.00	= \$0.00
					CLAIMS FEE TOTAL	= \$0.00

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$120.00	\$0.00
[ ] Extension for response filed within the second month:	\$450.00	\$0.00
[ ] Extension for response filed within the third month:	\$1,020.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,590.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,160.00	\$0.00
	EXTENSION FEE TOTAL:	\$0.00
[ X ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$130.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$130.00
[ X ] Small Entity Fees Apply (subtract 1/2 of above):	\$65.00	
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$65.00

A credit card payment form in the amount of \$65.00 is enclosed.

Atty. Dkt. No. 041673-2115

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10-16-06

By



Stacy L. Taylor  
Attorney for Applicant  
Registration No. 34,842

FOLEY & LARDNER LLP  
Customer Number: 30542  
Telephone: (858) 847-6720  
Facsimile: (858) 792-6773